



You will need this lifetime immunization record for child care, school, camp, college, the military, travel, employment, or long-term care facilities.

7/18/02, 11:23 AM

Hepatitis B (Hep B)		
Dose #	Date Given	Physician/Clinic
1	/ /	
2	/ /	
3	/ /	
Diphtheria, Tetanus, Pertussis (DTaP)		
Dose #	Date Given	Physician/Clinic
1	/ /	
2	/ /	
3	/ /	
4	/ /	
5	/ /	
	/ /	
Tetanus diphtheria (Td)	/ /	
	/ /	
	/ /	
Booster Dose Every Ten Years	/ /	
	/ /	
	/ /	

Haemophilus influenzae type b (Hib)				
Dose #	Date Given	Physician/Clinic		
1	/ /			
2	/ /			
3	/ /			
4	/ /			
Polio				
Dose #	IPV	OPV	Date Given	Physician/Clinic
1			/ /	
2			/ /	
3			/ /	
4			/ /	
			/ /	
			/ /	
			/ /	
Pneumococcal Conjugate (PCV)				
Dose #	Date Given	Physician/Clinic		
1	/ /			
2	/ /			
3	/ /			
4	/ /			

Measles, Mumps, Rubella (MMR)			
Type of Vaccine	Dose #	Date Given	Physician/Clinic
MMR	1	/ /	
MMR	2	/ /	
MMR		/ /	
Measles		/ /	
Mumps		/ /	
Rubella		/ /	
Varicella (Var)			
Dose #	Date Given	Physician/Clinic	
1	/ /		
	/ /		
Hepatitis A (Hep A)			
Dose #	Date Given	Physician/Clinic	
1	/ /		
2	/ /		

Allergies/Vaccine Reactions: _____



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If you have questions, contact:

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Sincerely,

Health Education Resource Exchange Web Team

P R I N T I N G S P E C I F I C A T I O N S

Title: **Lifetime Immunization Record**

Size: 11 x 5

Paper stock: Accent Cover Super Smooth

Ink color: Pantone 347 and Black

Special instructions: 2-sided printing. Finished job folds to 3.67 x 5

DOH Pub #: 348-001